STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: _	Jeremy R. Fischer	Please check the appropriate box and fill in the District number.
MAILING ADDRESS: _	6C Third St.	the Esseriet number.
CITY: _	Prengue Isle, ME 04769	Member of the Senate, District
ZIP CODE: _		
PHONE NUMBER: _	(207) 551 -3097	\overline{X} Member of the House, District $\overline{5}$

GENERAL INSTRUCTIONS

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by:

5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF	THIS STATEMENT	FOR YOUR FILES.
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

	Name of Employer	Address	Principal Type of Economic Activity of Employer
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2 3	Maine Legislatura Benis & Rossignol, LI	_ C Mainst, Prangue bol	Angusta Ropresentive e Legal Research
PA A.	carret rue hame and addites	a partnership, firm, professional association, c	gislators who are self-employed.) eas of economic activity from which you derived or similar business entity, list the major areas of
1.	Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
2.			
3			
B.	derived such income. If the	ne derived from self-employment that representer, and specify the principal type of economic a is form of disclosure is prohibited by law, rule, type of economic activity of the entity or person Address	activity of the entity or person from whom you
2			
3			
PAR pract	T III. MAJOR AREAS O	F PRACTICE. (For Legislators who are attor firm, list the major areas of practice of your firm	rneys-at-law only.) List your major areas of m.
1	Name and Address of Firm	<u>Major Areas of Practice</u> (self)	Major Areas of Practice (firm)

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	<u>Kind of Income</u>
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RT V. DISCLOSURE OF RI	EPORTABLE LIABILITIES. List the ing the reporting period, and list the main	names of creditors for any unsecured load r areas of economic activity of each creditor
Name of Creditor	Address of Creditor	Principal Type of Economic Activity of Creditor
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RT VI. DISCLOSURE OF GI regate value of more than \$300 fro	FTS. Name the specific source of each om a single source. If none, so state.	gift of more than \$300. Include gifts wit
RT VI. DISCLOSURE OF GI regate value of more than \$300 fro	FTS. Name the specific source of each om a single source. If none, so state. 3.	gift of more than \$300. Include gifts with
egate value of more than \$300 from T VII. DISCLOSURE OF Head to your official duties. If none	FTS. Name the specific source of each om a single source. If none, so state. 3. 4. ONORARIA. List the source of any heads so state.	gift of more than \$300. Include gifts wit
egate value of more than \$300 fro	FTS. Name the specific source of each om a single source. If none, so state. 3. 4. ONORARIA. List the source of any has so state. 3.	gift of more than \$300. Include gifts wit
RT VI. DISCLOSURE OF GI regate value of more than \$300 fro RT VII. DISCLOSURE OF H ed to your official duties. If none,	FTS. Name the specific source of each om a single source. If none, so state. 3. 4. ONORARIA. List the source of any has so state. 3.	gift of more than \$300. Include gifts wit
RT VI. DISCLOSURE OF GI regate value of more than \$300 fro RT VII. DISCLOSURE OF H ed to your official duties. If none,	FTS. Name the specific source of each om a single source. If none, so state. 3. 4. ONORARIA. List the source of any has so state. 3. 4.	gift of more than \$300. Include gifts wit
RT VI. DISCLOSURE OF GI regate value of more than \$300 fro RT VII. DISCLOSURE OF H red to your official duties. If none, RT VIII. REPRESENTATION represented or assisted others for c	FTS. Name the specific source of each om a single source. If none, so state. 3. 4. ONORARIA. List the source of any has state. 3. 4. BEFORE STATE AGENCIES. Identification.	gift of more than \$300. Include gifts with a special conoraria accepted for appearances or special five each executive branch agency before what tate.

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PART X. INCOME RECEIVED BY MEMBER	S OF IMMEDIATE BANKIN
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List the type of economic activity representing each shild(ren) during the reporting period and the kind on ncome received by spouse and (D) beside sources or the time of the type of the transition of the course of the transition of the type of type of the type of the type of type of type of the type of type o	source of income of \$1,000 or more received by your spouse or depend of income represented. Do not include gifts. Indicate (S) beside sources of income received by dependent(s).
Type of Economic Activity	
Representing Each Source of	
Income Received	Kind of Income
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